

ENROLLMENT AGREEMENT

Mid-Carolina AHEC
1824 Hwy 9 Bypass West
Lancaster, SC 29720
803-286-4121
803-286-4165

www.midcarolinaahec.org
rljackson@comporium.net

Student Name: _____

Present Address:

Permanent Address:

Telephone (home): _____

(work) _____

(Cell) _____

Date of Birth: _____

E-mail: _____

PROGRAM INFORMATION:

Program: Nurse Aide Training Program
Program Length: 100 clock hours

Start Date: _____

TUITION:

Tuition:	\$900.00
State Testing Fee:	\$100.00
Administration/Registration Fee	included
Book	included
BLS Course	<u>included</u>
Total Program Costs	\$1000.00

Other requirements for the program: \$250.00 (approximate cost)
 Proof of Immunity/Urine Drug Screen/TB evaluation
 Background check
 Professional Liability Coverage
 Scrub top, scrub pants and appropriate shoes
 Watch with second hand
 Basic classroom essentials (notebook, pens, etc)

Approximate total cost: \$1250.00

TUITION PAYMENTS:

Mid-Carolina AHEC will not accept tuition payments. We will accept a \$100.00 deposit to reserve a spot in the program. Deposit will be applied to program tuition. Remaining tuition will be due prior to starting class.

CANCELLATION AND REFUND POLICY:

If for any reason an applicant is not accepted by the school, the applicant is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellations: An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid, minus the cancellation fee of \$100.00.

Refund after the commencement of classes:

1. Procedure for withdrawal/withdrawal date:
 - A. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
 - B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
 - C. A student will be determined to be withdrawn from the institution if the student has not attended any class for 1 week.
 - D. All refunds will be issued within 30 days of the determination of the withdrawal date.

2. Tuition charges/refunds:
 - A. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition, minus the cancellation fee of \$100.00
 - B. After the commencement of classes, the tuition refund (minus the cancellation fee of \$100.00) amount shall be determined as follows:

# weeks attempted:	Tuition refund amount:
1 week	90%
2 weeks	80%
3 weeks	70%
4 weeks	60%
5 weeks	No Refund
6 weeks	No Refund

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student’s start date to the student’s last day of attendance, by the total number of clock hours in the program.

Refunds will be issued within 30 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA and did not return.

THE STUDENT UNDERSTANDS:

1. The School does not accept credit for previous education, training, work experience (experimental learning), or CLEP.
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog.
5. The School reserves the right to discontinue the student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by School rules
6. Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.
6. The School does not guarantee that credit earned will transfer to another institution.
7. This document does not constitute a binding agreement until accepted in writing by all parties.

STUDENT ACKNOWLEDGEMENTS:

1. I hereby acknowledge receipt of the School's catalog dated _____, which contains information describing programs offered, and equipment/supplies provided. The School's **2018** catalog is included as a part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.
_____ Student initials
2. Also, I have carefully read and received an exact copy of this enrollment agreement.
_____ Student initials
3. I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirement or if I disrupt the normal activities of the School. While enrolled in the School. I understand that I must maintain Satisfactory Academic Progress as described in the School catalog and that my financial obligation to the School must be paid in full before a certificate may be awarded.
4. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.
_____ Student's initials

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the

student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Mid-Carolina AHEC.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____ 20____

Signature of Student

Date

Signature of School Official

Date

Representative's certification: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____ Date: _____

Hold Harmless Agreement:

Mid-Carolina AHEC and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to *direct care and contact of other students, clients, patients, or residents at the clinical or training facility site (OR other similar language depending on the type of program.)* Student does hereby waive, release, and discharge Mid-Carolina AHEC of any liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of Mid-Carolina AHEC.

This release is intended to discharge the school, and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility.

Student signature _____ Date _____